



Exhibit B-2 New Invoice  
7950 Legacy Drive, Suite 900  
Plano, TX 75024  
USA.

**INVOICE**

Invoice Number	9000879701
Invoice Date	10/19/2020
Due Date	12/18/2020

**Bill To :**  
 Puerto Rico  
 Departamento de Salud  
 Oficina del Secretario, PO Box 70184  
 San Juan, PR 00936-0184  
 USA

**Ship To :**  
 Puerto Rico  
 PO Box 70184  
 San Juan, PR 00936-0184  
 USA

Customer Number	:	102639
Contract No	:	4400029237

Payment Terms	:	Net due in 60 days
Contact Person	:	Accounts Payable

**Amount Due : USD 443,893.60**

To ensure proper credit, please include invoice number with remittance.  
 For billing questions, please contact Billing.Inquiry@nttdata.com or call +1 781 577 3495.

NTT Point Of Contact : Jim Tardella

Prime Contract: 2019-DS0572

Onsite Hrs / Amount = 571.40 / \$256,120.05

Offsite Hrs / Amount = 666.50 / \$298,746.95

Description	Qty UOM	Rate	Gross Amount	Surcharge	Discount	Tax Amount	Net Amount USD
<b>Project ID:R-0020046794</b>	<b>PR DOH E&amp;E IV&amp;V 2018 (0275)</b>						
PR DOH E&E IV&V 2018 (0275) PR0001)			554,867.00				554,867.00
23. September 2020							
Re-Submitted Deliverable per agreement with PRDoH			(110,973.40)				(110,973.40)
Discount							
<b>Project Subtotal :</b>			<b>443,893.60</b>				<b>443,893.60</b>
					<b>Net Price : USD</b>		<b>443,893.60</b>
					<b>Total Due : USD</b>		<b>443,893.60</b>

**Bank Details:**

Bank Name: Bank of America  
 Account Name: NTT DATA State Health Consulting, LLC  
 Account Number: 004640591137  
 Routing Number (ACH/EFT): 011000138  
 Routing Number (DOM. Wires): 026009593  
 SWIFT Code INTL WIRES: BOFAUS3N

For EFT payments, please send remittance details to the following email address:  
 Accounts.Receivable@nttdata.com

**Remit to :**

USPS:  
 NTT DATA State Health Consulting, LLC  
 PO BOX 677956  
 DALLAS, TX 75267 - 7956

OVERNIGHT COURIER:  
 PNC Bank  
 C/O NTT DATA State Health Consulting, LLC  
 Lockbox Number 677956  
 1200 E Campbell Rd Ste 108  
 Richardson, TX 75081



Exhibit B2 - New Invoice Page 2 of 2  
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We certify under penalty of perjury that no public employee of the Department of Health will derive or obtain any benefit or profit of any kind from the contractual relationship which is the basis of this invoice. If such benefit or profit exists, the required waiver has been obtained prior to entering into the Agreement. The only consideration to be received in exchange for the delivery of goods or for the services provided is the agreed-upon price that has been negotiated with an authorized representative of the Department of Health. The total amount shown on this invoice is true and correct. The services have been rendered, and no payment has been received.

Jim Tardella

Project Manager

A handwritten signature in blue ink, appearing to read "Tardella".